
As a 501(c)3 non-profit organization, the YMCA offers scholarships to allow those in the community to receive memberships and participate in YMCA programs and services who otherwise may not be able to afford it. Funded through community donations, the YMCA's financial assistance program allows the Y to achieve its Mission of being for all.

This form ensures that the Y is being good stewards of the community's donations. As an applicant for financial assistance, there are a few things you should remember:

- ✓ **Please attach a denial letter from DSS to this application**
 - This is not applicable to the following programs: Adrian L. Shuford Jr. YMCA Summer Camp, Hickory Foundation YMCA Summer Camp, Lincoln County YMCA, New Dimensions Charter School, and Sally's YMCA.
- ✓ Please attach a **1040 Tax Return or Letter of Non-Filing from the IRS**. You may obtain a Letter of Non-Filing by contacting the IRS at www.irs.gov or 1-800-908-9946.
- ✓ You may be awarded 25%-65% off the full rate.
- ✓ Your financial assistance is good for one calendar year. You will be required to submit new financial information annually or your assistance will be terminated.

YMCA of Catawba Valley: Financial Assistance Application

Please complete the information below, attach the requested documentation, and return to the YMCA of Catawba Valley by emailing kristym@ymcacv.org or faxing to 828-324-2249. Balance of the allocation must be paid in full or an activated automatic draft plan must be established.

PLEASE PRINT

Name of applicant: _____ DOB: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Are you currently a member of the YMCA of Catawba Valley? Yes No

Have you applied for financial assistance previously? Yes No

What is the total annual income for your entire household? \$ _____

What is the total number of people supported by this income? _____

Which Childcare Program & Location are you applying for? _____

YMCA Mission:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



Please list all dependents in the household:

Name	Age	Relationship

Monthly Income Summary

Wages, Salary, Tips: _____
 Unemployment: _____
 Child Support: _____
 401k/Retirement: _____
 Alimony: _____
 Other: _____

Total (monthly): _____

Monthly Expense Summary

Rent/Mortgage: _____
 Utilities: _____
 Food: _____
 Child Support: _____
 Childcare: _____
 Other: _____

Total (monthly): _____

Case for Support: Please tell us in your own words why you are applying for financial assistance, what you hope to gain out of your YMCA membership or participation in YMCA programs, and any discrepancies in the financial documentation provided:

Signature _____ Date: _____

YMCA Mission:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.